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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/714,766	11/17/2003	Takeaki Nakamura	17264	3358
23389 7590 06/26/2008 SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA			EXAMINER	
			KASZTEJNA, MATTHEW JOHN	
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# BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

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### Ex parte TAKEAKI NAKAMURA

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Appeal 2008-0910 Application 10/714,766 Technology Center 3700

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Decided: June 26, 2008

Before: JENNIFER D. BAHR, LINDA E. HORNER and STEVEN D.A. McCARTHY, Administrative Patent Judges.

McCARTHY, Administrative Patent Judge.

#### **DECISION ON APPEAL**

1	STATEMENT OF THE CASE
2	The Appellant appeals under 35 U.S.C. § 134 (2002) from the final
3	rejection of claims 1-21 under 35 U.S.C. § 103(a) (2002) as being
4	unpatentable over Uchikubo (U.S. Patent 6,602,185) in view of Moll (U.S.
5	Patent 6,659,939). We have jurisdiction under 35 U.S.C § 6(b) (2002).

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#### 1 We REVERSE. 2 Uchikubo teaches a remote surgery support system in which an 3 operating room and a remote control room in a remote place are linked with a communication line. (Uchikubo, col. 3, 11. 44-49). The Examiner finds 4 5 that "Uchikubo is silent with respect to a third control system located in a secondary support room." (Ans. 4). The Appellant contends that "there is no 6 7 suggestion or motivation in Moll of having multiple master control rooms in 8 which several master surgeons are available to offer support to the surgeon 9 in the operating room." (App. Br. 27). On this basis, the Appellant contends 10 that "the combination of Uchikubo and Moll (even if such a combination 11 was proper) does not show one or more secondary support rooms for 12 receiving and processing information from the operating room and 13 transmitting a processing result (as secondary support information) to a 14 primary support room (which is not the operating room)." (App. Br. 25). 15 Moll teaches a robotic surgical network. (Moll, col. 3, 11. 3-4). The 16 network permits more than one surgeon to cooperate during a surgical 17 procedure. (Moll, col. 44, 11. 52-53). "For a system having multiple master 18 controls, the system may be arranged so that two operators can operate the 19 same surgical system at the same time by controlling different slave 20 manipulators and swapping manipulators . . . . " (Moll, col. 44, ll. 61-65). 21 Utilizing such a network, "multiple master control rooms can be imagined in 22 which several master surgeons pass various patients back and forth depending on the particular part of a procedure being performed." (Moll, 23

move on to perform the same part in other procedures. (Moll, col. 46, ll. 36-

col. 46, Il. 30-33). One advantage of this arrangement is that master

surgeons expert in one part of a procedure may perform that part and then

1	45). When one operator wishes to move the endoscope through which
2	intracavitary images are captured, some cooperation between the operators
3	such as audible communication is required. (Moll, col. 45, 1l. 50-55).
4	Moll's disclosure as exemplified by these passages does not support
5	the Examiner's finding that Moll teaches "having multiple master control
6	rooms in which several master surgeons are available to offer support to the
7	surgeon in the operating room." (Ans. 9). While Moll teaches that an
8	alternative surgeon may be on call to one or more operating rooms if one or
9	more patients would benefit from having a surgeon actually present (Moll,
10	col. 46, 11. 50), the reference does not teach that the master surgeons provide
11	support to the alternative surgeon during the operation. In fact, the reference
12	teaches that a master surgeon moves on to treat another patient when the
13	alternative surgeon steps into the surgery (id.). Thus, Moll does not teach
14	one or more secondary support rooms for receiving and processing
15	information from the operating room and transmitting a processing result to
16	a primary master control room which can then be further transmitted to the
17	operating room, as recited in claims 1 and 15. Moll also does not teach one
18	or more secondary support rooms for receiving patient information
19	transmitted from the operating room and transmitting secondary support
20	information based on the patient information to a primary master control
21	room to serve as a basis primary support information transmitted to the
22	operating room as recited in claim 8.
23	Therefore, the Examiner has not articulated reasoning having rational
24	underpinnings in the teachings of Uchikubo and Moll why the subject matter
25	of claims 1-21 would have been obvious to one of ordinary skill in the art.
26	On the record before us, the Appellant has shown that the Examiner erred in

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1	rejecting claims 1-21 under § 103(a) as being unpatentable over Uchikubo
2	and Moll.
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4	DECISION
5	We REVERSE the rejection of claims 1-21.
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7	REVERSED
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